EMPLOYEES' RETIREMENT SYSTEM OF THE CITY OF NEW ORLEANS 1300 PERDIDO STREET, ROOM 1E12 NEW ORLEANS, LA 70112 (504) 658-1850

APPLICATION FOR DEFERRED RETIREMENT OPTION PLAN

INSTRUCTIONS: PRINT IN INK OR TYPE ALL ENTRIES EXCEPT SIGNATURES. Section I, II, and must be completed by the applicant. Section IV must be completed by the employer. A Retirement Application (RS-10) must be submitted with this form. Additional spaces for designating beneficiaries are provided on the reverse side to this form. Mark through any unused spaces provided for the designated beneficiary. The interest of all beneficiaries shall be equal.

I hereby complete this application to participate in the Deferred Retirement Option Plan (DROP) in accordance with the provisions of Chapter 114, Section 114-231 and Ordinance No. 17885 M.C.S. I understand DROP is an optional method of retiring from NOMERS and my status with the retirement system is that of retiree on the day DROP participation begin.

SECTION I - MEN	MBER INFORMATION						
NAME: LAST		FIRST		MI	SUFFIX (JR., III,	ETC.)	
STREET/P.O. BOX							
CITY		STATE	STATE		ZIP		
SOCIAL SECURITY NUMBER			DATE DROP PARTICIPATION BEGAN / / MO DAY YR		ENDING DATE OF DROP PARTICIPATION SHALL BE FIVE / /		
		M			CUTIVE I	MO DAY YR G DATE	
SECTION II - BEI	NEFICIARY (IES) FOR 1	DROP ACC	OUNT				
I am designating the follow	wing beneficiary (ies) to receimy DROP account. I understa	ve payments in that all ben	n the event of my death p neficiaries listed will rece	ive an equal sl	hare of funds.	cipation or prior to	
NAME: LAST	FIRST	MI	SUFFIX (JR., III, ETC	.)	SOCIAL SECURITY	NUMBER	
					/ / / -/ / /	-/ / / <u>/</u>	
STREET/P.O. BOX							
CITY	STATE		ZIP	_ DA	TE OF BIRTH	RELATIONSHIP	
		WONE NO			/ /	SPOUSE	
DAYTIME TELEPHONE NO EVENING TELEP () ()		IONE NO			MO DAY YR	OTHER	
NAME: LAST	FIRST	MI	SUFFIX (JR., III, ETC	.) Se	OCIAL SECURITY N	NUMBER	
STREET/P.O. BOX							
CITY	STATE		ZIP	I	DATE OF BIRTH	RELATIONSHIP SPOUSE	
DAYTIME TELEPHONE NO	EVENING TELEPHO ()	ONE NO		M	O DAY YR	OTHER	
NAME: LAST	FIRST	MI SUFFI	X (JR., III, ETC.)	SOCIA	L SECURITY NUME	BER	
					/ / /-/ /	/-/ / / <u>/</u>	
STREET/P.O. BOX							
CITY	STATE		ZIP		DATE OF BIRTH	RELATIONSHIP	
CILI	SIAIE		ZIF				
DAYTIME TELEPHONE NO	EVENING TELEP	HONE NO			/ / MO DAY YR	SPOUSE	
()	()					OTHER	

NAME: LAST	FIRST N	ИI SUFFIX (JR.	, III, ETC.)	SOCIAL SECURITY NUI	MBER
STREET/P.O. BOX					<u> </u>
CITY	STATE		ZIP	_ DATE OF BIRTH	RELATIONSHIP
DAYTIME TELEPHONE NO EVENING TELEPHONE NO				MO DAY YR	SPOUSE OTHER
NAME: LAST	FIRST	MI S	UFFIX (JR., III, ETC.)	SOCIAL SECURITY NUI	MBER
STREET/P.O. BOX					<u>-1 1 1 1</u>
CITY	STATE		ZIP	DATE OF BIRTH	RELATIONSHIP
() DAYTIME TELEPHONE NO	() EVENING TELEPHO	NE NO		/	SPOUSE OTHER
cannot be extended and	may be shortened only by to and I am not entitled to any act ble. TURE	ermination of em Iditional service	oredit for my period of the street of the st	BENEFICIARY (IES)	e DROP program have
STREET ADDRESS/F.	O. BOA		STREET ADD	RESS/F.O. BOA	
CITY	STATE	ZIP	CITY	STATE	ZIP
INSTRUCTIONS: PRIN signed by the employer'		ENTRIES EXCE	PT SIGNATURES	**************************************	
I ACKNOWLEDGE TH		MPLOYEE'S N		_ HAS COMPLETE THIS A	PPLICATION TO
PARTICIPATE IN DRO		DAY / YR	AND THAT RETI	REMENT CONTRIBUTIO	NS WILL NOT BE
REMITTED TO NOME	ERS FOR THIS EMPLOYE	E DURING DRO	OP PARTICIPATI	ON.	
SIGNATURE	DATE (NO FACSIMILE ACCEPTED)				

SECTION II CONTINUED - ADDITIONAL BENEFICIARY (IES) FOR DROP ACCOUNT

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RS-11DROP REV.2007

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I hereby complete application for participation in the Deferred Retirement Option Plan (DROP) in accordance with the provisions of Chapter 114, Section 114-231 and Ordinance No. 17885 M.C.S. I understand DROP is an optional method of retiring from the City Retirement System and that my status with the retirement system is that of retiree on the day DROP participation began.

SECTION I -MEMBER INFORMATION NAME: LAST **FIRST** ΜI SUFFIX (JR., III, ETC.) STREET/P.O. BOX CITY STATE ZIP ENDING DATE OF DROP PARTICIPATION SOCIAL SECURITY NUMBER DATE DROP PARTICIPATION BEGAN SHALL BE FIVE MO CONSECUTIVE DAY YEARS FROM BEGINNING DATE MO DAY YR BENEFICIARY (IES) FOR DROP ACCOUNT I am designating the following beneficiary (ies) to receive payments in the event of my death prior to completion of DROP participation or prior to exhausting the balance in my DROP account. I understand that all beneficiaries listed will receive an equal share of funds. HAVE YOU DESIGNATED ADDITIONAL BENEFICIARIES ON THE REVERSE SIDE? SUFFIX (JR., III, ETC.) SOCIAL SECURITY NUMBER NAME: LAST FIRST STREET/P.O. BOX DATE OF BIRTH RELATIONSHIP CITY **STATE** ZIP **SPOUSE** DAYTIME TELEPHONE NO EVENING TELEPHONE NO MO DAY YR **OTHER** ΜI SUFFIX (JR., III, ETC.) SOCIAL SECURITY NUMBER NAME: LAST / - / / / - / STREET/P.O. BOX DATE OF BIRTH RELATIONSHIP CITY STATE ZIP **SPOUSE** DAYTIME TELEPHONE NO EVENING TELEPHONE NO MO DAY YR **OTHER**) (NAME: LAST FIRST ΜI SUFFIX (JR., III, ETC.) SOCIAL SECURITY NUMBER / - / STREET/P.O. BOX DATE OF BIRTH RELATIONSHIP CITY **STATE** ZIP **SPOUSE** DAYTIME TELEPHONE NO EVENING TELEPHONE NO MO DAY OTHER NAME: LAST **FIRST** ΜI SUFFIX (JR., III, ETC.) SOCIAL SECURITY NUMBER /-/ / /-/ / / STREET/P.O. BOX DATE OF BIRTH RELATIONSHIP CITY STATE ZIP **SPOUSE** DAYTIME TELEPHONE NO EVENING TELEPHONE NO **OTHER**

SECTION II CONTINUED	- ADDITIONAL BENEFIC	CIARY (IES) FOR D	ROP A	CCOUNT		
NAME: LAST	FIRST MI	SUFFIX (JR., III	, ETC.)	SOCIAL SECURITY NUMBER		
					/-/ / / /	
STREET/P.O. BOX						
CITY		ZIP	DATE OF BIRTH	RELATIONSHIP		
	STATE		ZII		SPOUSE	
DAYTIME TELEPHONE NO ()	EVENING TELEPHO	NE NO		MO DAY YR	OTHER	
SECTION III - ELECT	PION TO DADTICIDATE I	IN DDOD				
SECTION III - ELEC.	HON TOTAKTICH ATE	III DROI				
I elect to participate in DROP cannot be extended and may be have been explained to me, and election to participate is irrevo	be shortened only by terminat d I am not entitled to any add	ion of employment. I	acknow	wledge that provisions of the	e DROP program	
APPLICANT'S SIGNATURE	(DO NOT PRINT OR TY	/PE)		DATE SIGNED/_MO	DAY YR	
MU	UST BE WITNESSED BY I	PERSON OTHER T	HAN E	BENEFICIARY (IES)		
SIGNATURE OF WITNESS		SIGNAT	URE OF	WITNESS		
STREET ADDRESS/P.O. BOX		STREET	STREET ADDRESS/P.O. BOX			
CITY S	TATE ZIP	CITY		STATE	ZIP	
**************************************	N INK OR TYPE ALL EN	TRIES EXCEPT SI	GNAT	TURES. This section mus	t be completed by the	
SECTION IV - AGENC	CY VERIFICATION					
I REALIZE THAT	(EMPLOYEE'S NAM	ME)		HAS MADE API	PLICATION	
TO PARTICIPATE IN D	ROP EFFECTIVE	O DAY YR	AND T	THAT CONTRIBUTIC	ONS WILL	
NOT BE REMITTED PARTICIPATION.	TO CITY RETIREM	IENT SYSTEM	FOR	THIS EMPLOYEE	DURING DROP	
SIGNATURE				DATE		
SIGIMI UKE	(NO FACSIMILE			DAIL		
TITLE	1DROP.WPD					